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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	William E. Sobel	Examiner:	Hadi S. Armouche				
Application No.:	10/666,843	Art Unit:	2432				
Filed:	September 19, 2003	Docket No.:	SYMAP033				
Title:	PREVENTING NETWORK DISCOVERY OF A SYSTEM SERVICES CONFIGURATION						

## **CERTIFICATE OF MAILING**

I hereby certify that this corresp	ondence is being deposited with the United States
Postal Service as First Class Ma	il in a prepaid envelope addressed to:Mail Stop
RCE, Commissioner for Patents,	, P.O. Box 1450, Alexandria, VA 22313-1450
on: 5/12 , 2009.	Elain Vyur
<del></del>	Elaine Nguyen

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL FILED WITH AMENDMENT F

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Subm	issior	n required unde	er 37 CFR §1.114					
a	. 🗌	Previously sul		eply under 37 CFR §1.116 previou	sly			
		filed o	n					
			Consider the arguments in the	Appeal Brief or Reply Brief previous	iously			
		filed o	n					
			Other					
b	. 🛛	Enclosed:		05/18/2009 SDENBOB3 00000040 1066	6843			
		$\boxtimes$	Amendment/Reply	01 FC:1801	810.00 OP			
			Affidavit(s)/Declaration(s)					
			Information Disclosure Statement (IDS)					
			Other					

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c. Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

				Small Entity			Large Entity		
			Γ	Rate	Fee		Rate	Fee	
RCE FILING FEE			x \$405 = \$		OR	x \$810 = \$	810.00		
CLAIMS	After RCE	*HP	Extra	1					
Total	. 19	20		· x \$26 = \$		OR	x \$52 = \$		
Independent	3	3		x \$110 = \$		OR	x \$220 = \$		
Multiple Dependent Claims -0-			x \$195 = \$		OR	x \$390 = \$			
•HP = Highest previously paid			TOTAL FEES\$			TOTAL FEES \$	810.00		

Multiple Depen	dent Claims	-0-		x \$195 = \$		OR	X	\$390 = \$	
*HP = Highest pr	eviously paid			TOTAL FEES\$			TOTA	AL FEES\$	810.00
. Miscell	aneous:	<u>I</u>						<del>.</del>	<u> </u>
a.	_	n of action	or	the above-i	dentif	ied apı	olicati	ion is reau	ested unde
	37 CFR §1.103(c)							•	
b	Other				,				
<i>,</i> •									
. $\square$	Applicant hereby	netitions fo	r:	an extension	of tim	ne as fo	ollow	۶.	
	rippireant nerecy	P C C C C C C C C C C C C C C C C C C C			LENTI				GE ENTITY
				Rate		d'I Fee		Rate	Add'l F
	on for Response within FIR			x \$65 = \$			OR	x \$130 =	
	on for Response within SEC			x \$245 = \$			OR	x \$490 =	
	on for Response within TH			x \$555 = \$			OR	x \$1110 =	
	on for Response within FO on for Response within FIF			x \$865 = \$ x \$1175 = \$			OR OR	x \$1730= $x $2350=$	
Extension	on for Response within Fir	111 monu		X \$1175 - 4			I OK	X \$2330 -	<u> </u>
nd/or extens  The subject of the sub	cover the RCE Feetion of time fees.  If the required fees at application, please (SYMAP033).  Applicant Initiated In Please continue to	are missing charge suc nterview R	g or ch i	r any additio fees or credit uest Form.	nal fe	es are i	requir ymen	ed düring t to Depos	the pender
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		Cup	ert	tino, CA 950	14				
Date:S	-12-09			2	م		5	~	
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